

Australian Standard[®]

**PERSONAL EMERGENCY
MEDICAL INFORMATION
DEVICES**

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Ambulance Service—Melbourne
Australasian Society for Emergency Medicine
Australian Federation of Consumer Organizations Inc.
Australian Medical Association
Confederation of Australian Industry
Department of Health
Department of Health, N.S.W.
Department of Hospital and Allied Services, W.A.
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PREFACE

This standard was prepared by the Association's Committee on Personal Medical Information under the direction of the Medical Materials and Equipment Standards Board in response to a request by the Commonwealth Department of Health.

The standard provides for a number of choices of systems. The committee has been conscious of these existing systems and has attempted to provide the flexibility for each to comply with the standard, which is primarily concerned with patient safety. Systems are preferred in which the issuing organization maintains a central information registry to supplement information on/in the device. If the issuing organization does not maintain a central registry, the facility should be available to augment information on/in the device from other sources. The committee considered that both the authenticity and availability of medical data in a central registry system can be superior to those in a system without a back-up register.

The matter of authentication, i.e. the endorsement by a medical practitioner of the validity of medical information concerning patients, has been of considerable concern to the committee. After prolonged discussion it was accepted that it was undesirable to make such authentication compulsory, on two grounds:

- (i) Mandatory endorsement had aspects of a code of practice and that in this sense it was inappropriate in a product standard.
- (ii) Mandatory endorsement could, on balance, limit the availability of such devices to the Australian community.

It was, however, felt that endorsement of clinical data by a medical practitioner would enhance the protective properties of portable medical information devices and that this should be strongly recommended.

The committee decided that any method of distribution by which medical authentication can reasonably be assumed, will meet the requirements of this standard.

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